

FORM SUMMARY

Name of Form:	Order for Examination under §971.17(4)(c) (Not Guilty by Reason of Mental Disease or Defect)
Form Number:	CR-277
Statutory Reference:	§971.17(4)(c), Wisconsin Statutes
Benchbook Reference:	CR 34
Purpose of Form:	To appoint an examiner when an NGI defendant petitions for conditional release after institutional placement.
Who Completes It:	The court.
Distribution of Form:	Original to file; copies to district attorney, defense attorney, examiner, DHFS, Mental Health Institute, defendant. Addresses for DHS ,WMHI and MMHI: <ul style="list-style-type: none">• DHS, Community Forensic Services 1 W. Wilson St., Rm. 850 PO Box 7851, Madison, WI 53707-7851• WMHI Registrar PO Box 9, Winnebago, WI 54985• MMHI Registrar 301 Troy Dr., Madison, WI 53704
Accompanying Forms:	Petition for Conditional Release; cover letter from social worker, if available
New form/modification:	Modified; last update 05/04.
Modification:	Changed Department of Health and Family Services to Department of Health Services (DHS).
Comments:	Upon receipt of a valid Petition for Conditional Release, the court is required to order, within twenty days of receipt of the petition, an examination by a non-DHS examiner, to determine whether the committed person is appropriate for conditional release. If the examiner believes that the person is appropriate for conditional release, the examiner shall report on the type of treatment or services that the person may need while in the community on conditional release.
About this form:	This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference. If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.